MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 51193 4	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51							
2		/		/			52							
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48							98							
49							99							
50							100							
TOTAL IND.	↓		/	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		6	←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS			6				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

FORM PTO-1350 (REV. 3-78)

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